Pro Se 7 (Rev. 12-16) Complaint for Employment Discrimination

UNITED STATES DISTRICT COURT for the

	District of
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-	Case: 4:21-cv-13005 Judge: Leitman, Matthew F. MJ: Patti, Anthony P. Filed: 12-27-2021 CMP THOMAS v. M.A.C. TRANSPORT (tt) Jury Trial: (check one) Yes No
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	DEC 27 2021 U.S. DISTRICT COURT FLINT, MICHIGAN

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Kodncy Ihomas

Lobb E. Philade Iphia, blvd.

MI, W8505

(810) 955-4525

E-mail Address

rJ + hemas & January Address

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1 Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known)	M. a 4225 Burto Michig (810)	Quinla Puinla In MI. C Man 48	anspor n Dr. Sinissi 529	- Coun	<i>'</i> y
Defendant No. 2					
Name					
Job or Title (if known)		e general de la companya de la comp		· · · 	
Street Address					
City and County			••••		
State and Zip Code			***		
Telephone Number		-			
E-mail Address (if known)					
Defendant No. 3 Name					
Job or Title (if known)					
Street Address					
City and County					
State and Zip Code					
Telephone Number					
E-mail Address (if known)					
Defendant No. 4					
Name					
Job or Title (if known)					
Street Address					
City and County				•	
State and Zip Code			·		
Telephone Number		•			
E-mail Address (if known)			••••		

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	C.	Place of Employment				
		The address at which I sought employment or was employed by the defendant(s) is				
		Name M. A. C. Transport Street Address 3376 Associates dr. City and County State and Zip Code MI. 48529				
		Street Address 3376 ASSOCIATES dr.				
		City and County Burton, Genesee				
		State and Zip Code M1, 48529				
		Telephone Number (810) 424-4001				
H.	Basis	- Jurisdiction				
	This	on is brought for discrimination in employment pursuant to (check all that apply):				
Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e color, gender, religion, national origin).						
		Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.				
		(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)				
		Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.				
		(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)				
		Other federal law (specify the federal law):				
		Relevant state law (specify, if known):				
		Relevant city or county law (specify, if known):	٠			

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Α.	•	atory conduct of which I complain in this action includes (check all that apply):
		Failure to hire me.
	$\not\vdash$	Termination of my employment.
	/ H	Failure to promote me.
	<u> </u>	Failure to accommodate my disability.
		Unequal terms and conditions of my employment.
		Retaliation.
	LJ	Other acts (specify):
		(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)
В.	It is my best re	ecollection that the alleged discriminatory acts occurred on date(s)
	TROM	2018 thru 2020
C.	I believe that of	defendant(s) (check one):
		is/are still committing these acts against me.
		is/are not still committing these acts against me.
D.	Defendant(s)	discriminated against me based on my (check all that apply and explain):
	₩.	race
		color
		gender/sex
		religion
		national origin
		age (year of birth) (only when asserting a claim of age discrimination.)
		disability or perceived disability (specify disability)
E.	The facts of m	mployer, 2.) 2018 Co-worker loaded weopon out.
	ductive el	mployer, 2.) 2018 CO-worker loaded wespon out.
	a) 00 1005	Ver Used N- Word IN My Prosence. 4.7 Co-Worker
	0,1 00 000	Iking about the inscrection at work appearant it happened in real time.
	was ta	IKING about the institution as a set of grain
	pefore	it happened in real time.

	•				
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			en e		
		your charge fit	litional support for the facts of your claim, you may attach to this complaint a copy of led with the Equal Employment Opportunity Commission, or the charge filed with the or city human rights division.)		
IV.	Exhaust	tion of Federal	Administrative Remedies		
	A.	It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)			
	В.	The Equal Em	aployment Opportunity Commission (check one):		
			has not issued a Notice of Right to Sue letter.		
			issued a Notice of Right to Sue letter, which I received on (date) $9/30/21$		
			(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)		
	C.	alleging age discrimination must answer this question.			
		y charge of age discrimination with the Equal Employment Opportunity Commission defendant's alleged discriminatory conduct (check one):			
			60 days or more have elapsed.		
			less than 60 days have elapsed.		
v.	Relief				
	argumer amounts	nts. Include any s of any actual d	by what damages or other relief the plaintiff asks the court to order. Do not make legal basis for claiming that the wrongs alleged are continuing at the present time. Include the amages claimed for the acts alleged and the basis for these amounts. Include any punitive claimed, the amounts, and the reasons you claim you are entitled to actual or punitive damages, if engilable for pain and Suffering		

that have led to health issues that's major.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Date of signing:

12/22/21

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

and 1 100	· /i	2D 5			
Signature of Plaintiff	F F.	July D	Vho	mos	
Printed Name of Plaintiff		Ro	dow D	mas. Thoma	\$
For Attorneys			J		
Date of signing:					
Signature of Attorney	contention we have				
Printed Name of Attorney					
Bar Number					
Name of Law Firm			•	•	
Street Address					
State and Zip Code					
Telephone Number			• •		<u>-</u>
E-mail Address					*** **** *

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B.